

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3368HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2009
NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL LV FLAMINGO		STREET ADDRESS, CITY, STATE, ZIP CODE 2250 E FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 6/5/09 accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Complaint #NV00021733 was substantiated with deficiencies cited (Tag S318). Complaint #NV00020165 was unsubstantiated. Complaint #NV00022023 was unsubstantiated.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Findings Include:</p>	S 000		
S 318 SS=D	<p>NAC 449.3626 Rights of Patient</p> <p>A governing body shall develop and carry out policies and procedures that protect and support the rights of patients as set forth in NRS 449.700 to 449.730, inclusive.</p> <p>This Regulation is not met as evidenced by: Based on interview, policy review, and record review the facility failed to ensure their policies</p>	S 318		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3368HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/05/2009
NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL LV FLAMINGO			STREET ADDRESS, CITY, STATE, ZIP CODE 2250 E FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 318	<p>Continued From page 1</p> <p>and procedures were followed in protecting patient rights for 1 of 3 patients (Patient #1).</p> <p>Findings include:</p> <p>Patient #1 was admitted to the hospital on 8/1/08 and again on 9/5/08. The patient had a diagnosis of acute respiratory failure, altered mental state, encephalopathy, and dementia.</p> <p>A. Policy: Communication with Limited English-Proficient Persons (H-PC 03-003) dated 3/1998 stated:</p> <p>Policy</p> <p>1. Kindred shall provide for communication with limited English proficient persons. Included are patients and our customers, to whom we shall provide an equal opportunity to benefit from services. This guarantees that information about services is communicated to Limited English Proficient (LEP) persons in languages they understand.</p> <p>2. The facility will offer an interpreter at no cost to the patient and/or family. the patient may elect to accept the facility's offer to use an interpreter of his/her choice (e.g. family, friend). Kindred will not pay families and/or friends who elect to act as interpreters.</p> <p>Procedure</p> <p>2. If a translator is needed for a particular language, which cannot be provided by facility personnel, the Director of Social Services will contact an appropriate translator...</p> <p>B. On 6/4/09 at 2:00PM, the Director Quality Management reported a reasonable amount of time to provide a needed interpreter would be within 24 hours.</p>	S 318			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3368HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2009
NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL LV FLAMINGO		STREET ADDRESS, CITY, STATE, ZIP CODE 2250 E FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 318	<p>Continued From page 2</p> <p>C. The Patient's File revealed:</p> <ol style="list-style-type: none"> 1. The face sheet listed the patient's wife was as Spanish speaking. The patient was not listed as Spanish speaking on face sheet but, elsewhere was listed as "used to be bi-lingual." 2. The patient signed admission forms in Spanish. A son signed the other papers. 3. Notes <ul style="list-style-type: none"> - RN (registered nurse) note 8/2/08 10:00AM - "with family at bedside (wife Spanish speaking most of the time, little English and 2 sons from California) here visiting explained to them status of patient...." - RN note 8/3/08 1300 (1:00PM) - "late entry: patient family in to visit (spouse and 2 sons from California) explained to them current status...." - SS (social services) 8/4/08 1504 (3:04PM) - "Patient's wife at work as only phone # listed for her. Then noted she is Spanish speaking only....Reached patient's wife sister...she speaks English. She said she'd try to reach her sister..She'll possibly have daughter call...She said he just started Home Health Care prior to hospitalization ...she will try to find the name". - SS 8/4/08 1536 (3:56PM) - "... daughter tries to assist but has 6 children and lives in Texas. Said her mother understands English, but needs an interpreter to fully understand." - SS 8/4/08 1541 (3:41PM) - "Spoke with spouse at bedside, she does not speak English and patient is unresponsive on vent...She will have 	S 318		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3368HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/05/2009
NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL LV FLAMINGO			STREET ADDRESS, CITY, STATE, ZIP CODE 2250 E FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 318	<p>Continued From page 3</p> <p>son call tomorrow."</p> <p>- RN 8/5/08 1400 (2:00PM) - "Family at bedside (wife and son) asking about the bleeding from the right eye, nose and lips; tried to explain to son (can speak English and relays to mother) the redness of patient's right eye per doctor may be conjunctivitis and that doctor already ordered eye ointment to be applied to the affected eye; the bleeding from the lip as a result of the crust flaking off the dorsum of the lip when I did my oral care to the patient; bleeding from the nose is from the raw fragile area on the medial aspect of the right nare."</p> <p>- RN 8/5/08 1430 (2:30PM) - "Late Entry: Patient's daughter called asking the status of her dad. What are you doing to my dad? why is he bleeding from his eyes, nose, and lips? I countered by asking her if that was reported to her by her brother and mom who were bedside earlier to whom I already tried to explain to them - son interpreting to mother...She says further that I was saying that her mom could not speak English and that I was discriminating...I tried to explain there should be 1 designated person....she insists that each member of the family has the right to know....she should talk top the primary."</p> <p>- RN 8/12/08 2055 (8:55 PM) - "While at the nurses' station I answered the ICU (intensive care unit) phone as it rang. The caller happened to be patient's daughter, who was speaking in a very angry and hostile tone saying that she wanted her father to be moved.....complaining about staff. After explaining to her there might have been a miscommunication because of the language barrier but that there is no lack of nursing...she verbalized understanding and was a lot more calm."</p>	S 318			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3368HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/05/2009
NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL LV FLAMINGO			STREET ADDRESS, CITY, STATE, ZIP CODE 2250 E FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 318	<p>Continued From page 4</p> <p>- RN 8/12/08 1930 (7:30PM) - "...I approached the female visitor, who is the patient's wife, she asked to suction the patient...the wife is pointing to suction his mouth, I suctioned orally with white scant secretions and I explained not to worry there is almost nothing and he was just suctioned by Respiratory Therapist, I explained it to wife because she seems worried, and she is on the phone all the time, but she is pointing at me and looks mad and she started saying "puta" "de puta" and she won't stop, I asked her why she is cursing me....the other female visitor is trying to calm her...I asked if I could talk to the daughter, she speaks English...she is also upset. I explained to her ...but she said because my eyes are big when I was talking to them, I told her I'm sorry if that's how she see it but I did not give her a mean look and I told the daughter that you could hear that she is cursing me repeatedly while you are on the phone with her, the daughter was apologetic on the phone, which she acknowledge that her mother is cursing me..."</p> <p>- RN 8/18/08 - "...he has already spoke to the son and that he will only speak to 1 family member."</p> <p>- SS note 9/10/08 2:30 - "Conference call with RN and daughter. Daughter continues to have multiple complaints that she states are coming from her mother. Patient's spouse does not speak English and she has requested that a translator be available for the mother and a family conference with the medical doctor be set up."</p> <p>- The Psychosocial History completed 9/5/08 (2nd admit) stated "Spouse wants to talk to the doctor. Wants children to be able to get information. Nurses won't give information on their father. Staff state they don't understand Spanish when</p>	S 318			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3368HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/05/2009
NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL LV FLAMINGO			STREET ADDRESS, CITY, STATE, ZIP CODE 2250 E FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 318	Continued From page 5 resident's spouse speaks to them...Spouse had incident with male nurse." There was no documented evidence a translator was offered or given to the spouse. Severity: 2 Scope: 1 Complaint #NV00021733	S 318			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.